

Indiana Department of Labor
Occupational Safety and Health Administration

Photo Mounting Work Sheet

(fasten photo here)

IOSHA Complaint or Inspection Number _____ Photo ID Number _____

Date of photo _____ Time of photo _____ : am / pm Trade Secret Material : Yes / No
(Circle One) (Circle One)

Classified Material: Yes / No Name of Photographer _____
(Circle One)

Safety Order Number _____ Item _____ Instance Number _____

Location (Photo and Photographer) _____

Description of Hazard / Abatement _____

(This section for IOSHA only)

CSHO Number: _____ Report Number: _____